

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DPA/PCD
 AsOfDate 03/12/2013

3000011347 3/19/13

Voucher Number	Vchr Line	VchrlneDescr	Distr Account	Account Description	Fund	VendorName	Withhold	Accounting Year	Period Month	PurchaseOrder	Invoice Number	Total Amount
00328575	1	I/S meals & lodging	542200	Employee I/S Meals & L	06105	ADAMS RICH-001		2013	03	0000098811	Adams, R. 3.5-3.	435.00
Total For Voucher												435.00

CD

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500

Invoice Number: Adams, R. 3.5-3.8.13

Voucher ID: 00328575

Invoice Date: 03/08/2013

Voucher Style: Regular

Total: 435.00

Vendor: ADAMS, RICHARD B

*Pay Terms: Pay Now  Schedule Payments

RUIDOSO PUBLIC HEALTH OFFICE

RUIDOSO, NM 88345

Payment Information

Find | View All | First | 1 of 1 | Last |  

Scheduled Payment: 1

*Remit to: 0000097303 

Gross Amount: 435.00 USD

Location: 001 

Discount: 0.00 USD Discount Denied

*Address: 1 

Late Charge

ADAMS, RICHARD B
RUIDOSO PUBLIC HEALTH OFFICE
103 KANSAS CITY RD
RUIDOSO, NM 88345Scheduled Due: 03/08/2013 

Net Due: 03/08/2013

Discount Due:

Accounting Date:

Payment Method

*Bank: WFRB

Pay Group:

*Account: B

*Handling: RE

*Method: ACH ACH

*Netting: N 

Message:

Message will appear on remittance advice.

Messages

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 3.5-3.8. 13
Voucher ID: 00328575 Invoice Date: 03/08/2013
Voucher Style: Regular Total: 435.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000 / 06165	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

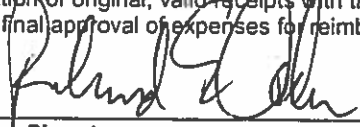
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Staff in Santa Fe					
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	03/01/13	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	03/05/13	Time:	06:00 AM	Return Date: (month/day/yr)	3/8/13 Time: 06:00 PM
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 3-5-13
Employee Signature Date

Division Director/Hospital Administrator
(As per specific division requirements)

Date

Supervisor/Bureau Chief Signature

Date

Cabinet Secretary Signature

(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

Date